U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
H	For Official Use Only
•1	( AUG 1 9 2005 )
E	O B S

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	1. File Number U - 14036	2. Fiscal Year Covered From:
Name JAMRS CALHOUN  Name HERE LOCAL 878  Labor Organization File Number of 1-758  P.O. Box, Bildg., Room No., if any P.O. BOX 100564  Street  Street  City ANCHORAGE State Alaska ZIP Code + 4 99510-0564  State Alaska ZIP Code + 4 99510-0564  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  A. Nature of Interest, Transaction, or income.  7.a. Nature of Interest, Transaction, or income.  Street  City  State ZIP Code + 4  Signature  15. Signature and verification. The undersigned doclares, under penalty of Perjuy and other applicable penaltics of the law, that all of the information submitted in his report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Money and Submitted in his report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Money Alaska.  On 8/10/2004 (307) 272-6033		1 / 1 / 2004 Through: 12 / 31 / 2004
P.O. Box, Bidg., Room No., if any P.O. Box 100564  Street  Street  City Anchorage State Alaska  ZIP Code+4 99510-0564  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary valve from an employer whose employees your organization represents or is actively seeking to represent.  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary valve from an employer whose employees your organization represents or is actively seeking to represent.  A. Nature of Interest, Transaction, or income.  T.a. Nature of Interest, Transaction, or income.  Trado Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undorsigned Money and Suprementary of Perjury and other applicable penalties of the law, that all of the information contained in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undorsigned Money Alaman  On 8/10/2004 (907) 272-6033	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Box, Bidg., Room No., if any p.O. Box 100564  Street  City ANCHORAGE  State Alaska  ZIP Code + 4 99510-0564  State Alaska  ZIP Code + 4 99510-0564  State Alaska  ZIP Code + 4 99510-0564  Enter appropriate data below if, during the past flecal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of mornetary value from an employer whose employees your organization represents or is actively seeking to represent.  7.a. Nature of interest, Transaction, or income.  Name  Trado Name, if any:  P.O. Box, Bidg., Room No., if any  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Porjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Manual Alaska  On 8/10/2004 (907) 272-6033	Name JAMES CALHOUN	Name HERE LOCAL 878
Street City Anchorage State Alaska ZIP Code + 4 99510-0564  Enter appropriate data below If, during the past fliscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including lons) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Porjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (Soe the section on penalties in the instructions.)  Signature  On 8/10/2004 (907) 272-6033		Labor Organization File Number 011~758
City ANCHORAGE  State Alaska  ZIP Code + 4 99510-0564  St	P.O. Box, Bldg., Room No., if any p.O. BOX 100564	P.O. Box, Building and Room Number, if any p.o. BOX 100564
State Alaska  ZIP Code + 4 99510-0564  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Porjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions).  Signad  Ama Alama  On 8/10/2004 (907) 272-6033	Street	Street
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Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signad  Agama Allama  On 8/10/2004 (907) 272-6033	State Alaska ZIP Code+4 99510-0564	State Alaska ZIP Code + 4 99510-0564
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4   Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Adam Address  On 8/10/2004 (907) 272-6033	5. Position in labor organization.  BUSINESS REPRESENTATIVE	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4   Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Assac Albara   On 8/10/2004 (907) 272-6033		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  T.b. Amount.  Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  Ama Albara  On 8/10/2004 (907) 272-6033	A. Held an interest in, engaged in transactions (including loans) with, or omenetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  Ama. Albara  On 8/10/2004 (907) 272-6033	6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Aara Addard  On 8/10/2004 (907) 272-6033	Name	
State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed   Aana   On 8/10/2004 (907) 272-6033	Trade Name, if any:	
State  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed   Aans Allo (907) 272-6033	P.O. Box, Bldg., Room No., if any	
Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Aana Albara On 8/10/2004 (907) 272-6033		7.b. Amount.
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Aans Adda On 8/10/2004 (907) 272-6033	Street	
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8/10/2004 (907) 272-6033	City	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8/10/2004 (907) 272-6033	State ZIP Code + 4	
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed On 8/10/2004 (907) 272-6033	Signa	ture
	submitted in this report (including the information contained in any accompany)	ng documents), has been examined by the signatory and is, to the best of the
	Signed Amora Collan	On 8/10/2004 (907) 272-6033

Name of Person Filing JAMES CALHOUN		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or indirectly to, or otherwise	s
8. Name and address of Business (including trade name, if any).  Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. BOX 93870  Street  City ANCHORAGE  State Alaska ZIP Code + 4 99870-3870  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer  11.a. Nature of such dealing	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar valu 12.a. Nature of interest held 2004 IFEBP CONFRENCE	l or income received.
	12.b. Amount.	\$1,200
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name AMALGAMATED BANK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 60 SOUTH ROBLES AVE.  City PASADENA  State California ZIP Code + 4 91101	14.a. Nature of payment.  DINNER MEETING 8/1	1/2004
13.b. Is the Business an Employer or Consultant 2	14.b. Amount of payment.	\$72

Name of Person Filing JAMES CALHOUN	File Number U-
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).		9. Business deals with:			
Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST		a. Labor Organization			
Trade Name, if any:		A second second			
P.O. Box, Bldg., Room No., if any P.O.	. BOX 93807	b. Trust			
Street		c. Employer			
City ANCHORAGE					
State Alaska	ZIP Code + 4 99870-3870				
10. If 9.b. or 9.c. is checked give trust or en	nployer's name.	11.a. Nature of such dealing.			
Name		TRUSTEE			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.			
		12.a. Nature of interest held or income received.			
		2004 IFEBP CONFRENCE HOTEL DEPOSIT	ļ		
			į		
		12.b. Amount.	\$350		

Name of Person Filing	JAMES CALHOUN			File Number U-
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (in	cluding trade name, if any).	9. Business deals with:				
Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any P.	O. BOX 93870	b. Trust				
Street		c. Employer				
City ANCHORAGE						
State Alaska	ZIP Code + 4 99870-3870					
10. If 9.b. or 9.c. is checked give trust or	employer's name.	11.a. Nature of such dealing.				
Name		TRUSTEE				
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.				
		12.a. Nature of interest held or income received.				
		LUNCH CONNTCTED WITH TRUST MEETING 5/6/2004	ł			
			}			
		12 h. Amount	\$28			
		1 1/11 A100000	- S / K			

Name of Person Filing JAMES CALHOUN	· · · · · · · · · · · · · · · · · · ·		File Number U-
	Part B Contin	nuation Page	
B. Held an interest in or derived income or economic bearing to, or otherwise dealing with the business of (2) any part of which consists of buying from or selling your labor organization is interested.	f an employer whose employ	ees your labor organization re	presents or is actively seeking to represent, or
8. Name and address of Business (including trade	e name, if any).	9. Business deals with:	
Name AK HOTEL, RESTAURANT & CAMP	EMPLOYEES TRUST	a. Labor Organiz	ation
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any P.O. BOX 9	3870	b. Trust	
Street		c. Employer	
City ANCHORAGE			
State Alaska ZIP Coo	de+4 99870-3870		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name		11.a. Nature of such dealin	ng.
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Cod	de + 4	11.b. Approximate dollar valu	e of such dealing.
	i	12.a. Nature of interest held	
		LUNCH IN CONNECTION	WITH TRUST MEETING 11/18/2004

12.b. Amount.

\$29

Name of Person Filing JAMES CALHOUN		File Number U-
Part B Conti	inuation Page	
B. Held an interest in or derived income or economic benefit with monetary value or leasing to, or otherwise dealing with the business of an employer whose employ (2) any part of which consists of buying from or selling or leasing directly or indirect your labor organization is interested.	yees your labor organization re	epresents or is actively seeking to represent, or
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST	a. Labor Organiz	zation
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P.O. BOX	b. Trust	
Street	c. Employer	
City ANCHORAGE		
State Alaska ZIP Code + 4 99870-3870		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.
Name	TRUSTEE	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		İ

11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.

12.b. Amount.

2004 IFEBP CONFERENCE - ADVANCE FOR EXPENSES

ZIP Code + 4

\$2,152

State

Name of Person Filing JAMES CALHOUN		File Number U-			
Part C Continuation Page					
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	A and B above) or from any labo	or relations consultant to an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	14/04			
Name AMALGAMATED BANK	DINNER MEETING 8/1	4/04			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 60 SOUTH ROBLES AVE.					
City Pasadena					
State California ZIP Code + 4 91101					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$69			
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor	relations consultant to an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer  or Consultant ?	14.b. Amount of payment.				
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor	relations consultant to an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		·			
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer  or Consultant ?	14.b. Amount of payment.				

Name of Person Filing JAMES	CALHOUN		 	 File Number U-	
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<u></u>	<del></del>		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST	a. Labor Organization		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any P.O. BOX	b. Trust		
Street	c. Employer		
City Anchorage			
State Alaska ZIP Code + 4 99870			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	TRUSTEE		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	REGISTRATION FEE FOR 2005 IFEBP TRUSTEE CONFERENCE		
	12.b. Amount. \$1,255		

Name of Person Filing JAMES CALHOUN	:		File Number U-
Part B Continuation Page			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (include	ling trade name, if any).	9. Business deals with:	
Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST  Trade Name, if any:		a. Labor Organization  b. Trust	
P.O. Box, Bldg., Room No., if any P.O. BOX 93870			
Street		c. Employer	
City anchorage			
State Alaska	ZIP Code + 4 99870-3870		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name		11.a. Nature of such dealing. TRUSTEE	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			!
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held HOTEL DEPOSIT FOR	d or income received. 2005 IFEBP TRUSTEE CONFRENCE

12.b. Amount.

\$350